MEDICINE.

UNDER THE CHARGE OF
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NAPHTHOL AS AN ANTISEPTIC IN TYPHOID FEVER IN CHILDREN.

ELOY (*Gaz. Heb. de Méd. et de Chir.*, 1889, No. 40, 643) says that in imitation of the method of Bouchard we may, as Legroux has done, prescribe naphthol in typhoid fever in children. After the disease is established, 5 to 10 grains of calomel, divided into two doses, should be given. Two days later begin the administration of naphthol in the following manner: If diarrhœa of moderate degree is present, give every hour 3 grains of β-naphthol alone. If diarrhœa is profuse, give 6 grains of a mixture of equal parts of β-naphthol and salicylate of bismuth. Ten of these doses are to be taken in twenty-four hours. If, on the other hand, there is constipation, the bismuth should be substituted in the same amount by salicylate of magnesia, and the mixture administered in the same manner and dose.

THE TREATMENT OF TYPHOID FEVER WITH COLD BATHS.

JOSIAS (*L'Union Médicale*, 1889, No. 137, 691) reports thirty-six cases of typhoid fever treated with cold baths, administered systematically every three hours, if the temperature reached 102.2° F. But one death occurred, and this was a patient *in extremis* when the treatment was instituted. Twenty-seven of the cases were benign but hyperpyretic, and the remainder grave. Neither intestinal hemorrhage, the presence of menstruation, nor the evidences of pneumonia or of renal affection, were allowed to interfere with the treatment. One of the advantages is the excessive diuresis produced; perhaps a consequence of the great thirst, which allows of the administration of large amounts of liquid nourishment (four to five quarts daily). As a result of this hyperalimentation the duration of the malady is less, and the forces are better preserved. The author believes that the method occasions abundant diarrhœa, which he considers an advantage, on account of its cleansing effect on the intestine.

ANTISEPSIS WITH RESORCIN IN THE TREATMENT OF DIPHTHERIA, PULMONARY TUBERCULOSIS, PERTUSSIS, AND SOFT CHANCRE.

After a long article on this subject, with reports of cases, A. LEBLOND (*Journ. de Méd. de Paris*, 1889, No. 39, 578) closes with a *résumé* of his results and conclusions:

I. *Diphtheria.*—If the treatment is applied from the outset the extension of the plaques is very limited, and the larynx seldom becomes involved. If the glands are already swollen and the plaques in the pharynx abundant, the treatment will in forty-eight hours remove the swelling, and almost always arrest the production of membrane. In all the cases reported the general condition remained good, and the appetite and spirits were preserved; showing that a general intoxication by the disease had been avoided. When the larynx was invaded from the outset treatment was less efficacious. Still the use of resorcin by fumigation and atomization gave good results when the trachea was large enough to prevent asphyxia from coming on very rapidly, or when tracheotomy was possible.

II. *Pertussis.*—After a dozen days in which the treatment is employed, the number of paroxysms is reduced to four or five in twenty-four hours. Some of the symptoms now disappear but slowly, which is to be explained on the ground that they are due to the nervous irritation remaining, though the parasitic principle has been destroyed.

III. *Tuberculosis.*—The action of resorcin only became evident in the subacute forms of the disease. Usually after fifteen days the general condition improved, the sweats lessened, and the fever diminished. The local condition showed a diminution of the râles, an increase of the vital capacity, and the progress of cicatrization of the ulcerated surface. By continuing the treatment after these results had been obtained, the author was able to maintain his patients in a satisfactory state; some for two years, others for five or six years. In the treatment of acute phthisis, or in advanced cases, resorcin only produced temporary benefit.

IV. *Soft Chancre.*—In this the author has sometimes obtained a cure in twenty to twenty-five days, thus gaining two weeks on cases treated by other methods, and especially by iodoform.

As regards the method in which resorcin should be employed, the author gives the following *résumé:*

I. *Diphtheria.*—Treatment is local, consisting of the painting of the pharynx with a solution of three parts of resorcin in thirty parts of glycerin. This procedure should be repeated every hour at least, night and day. The child should be wakened if asleep, and sufficient force employed to allow of the brush coming thoroughly in contact with all the diseased surface. Atomization of a solution of one part resorcin and fifty of distilled water, may also be made continuously in the room with a Lister spray apparatus.

II. and III. *Pertussis and Tuberculosis.*—Fumigations of powdered resorcin are to be used, made by heating the drug in a small metallic vessel provided with an alcohol lamp. Fifteen grains of resorcin usually suffice for each fumigation. In pertussis fumigation should be made every two hours, day and night, and this continued for twenty days. In tuberculosis the fumigations should be increased to such a degree that the patient actually lives in an antiseptic atmosphere. This method has met with great success. In practice, however, we must content ourselves with four or five fumigations during the day, though during the night they can be made almost continuous. The patient should also take internally two or three tablespoonfuls daily of a solution of two and a half drachms of resorcin in sixteen ounces of syrup of turpentine.

IV. *Soft Chancre.*—The drug should be applied in powder directly to the ulcer for five or six days, after which any indifferent treatment may be employed.

THE TREATMENT OF CHOREA BY ANTIPYRINE.

MONCORVO (*Rev. Gén. de Clin. et de Therap.*, 1889, No. 36, 576) published in 1888 his favorable experience with antipyrine in two cases of chorea in children, and now reports his trial of it in four new patients. In three of them other means had been used without avail, and in one of the three the disease had lasted over three years. Full doses af antipyrine were given—seventy-five to ninety grains daily, at the age of ten to fourteen years—and the effects were excellent and prompt. At the same time the general health and strength improved.

APHASIA TREATED BY TREPHINING.

MOUISSET (*Lyons Méd.*, October 6, 1889, 204) exhibited before the Société des Sciences Médicales de Lyons a patient who had suffered from epileptic attacks for five years, and who, as a result of a fall during one of them, had suffered from prolonged loss of consciousness, followed by persistent aphasia, paresis of the right arm, slight paralysis of the facial and hypoglossal nerves of the same side, and attacks of Jacksonian epilepsy. The symptoms indicated a peripheral lesion, and the exact localization of it. Trephining revealed the existence of a hæmatoma of the dura mater, and permitted the blood to be cleaned out. On the next day the tampon was removed from the wound, and the patient spoke some words distinctly—the first time since his fall. Recovery went on rapidly, and the aphasia disappeared in about eighteen days.

SUSPENSION IN LOCOMOTOR ATAXIA.

At the Thirteenth Congress of the Italian Medical Association, held at Padua from the 22d to the 27th of September, DR. G. BIANCHETTI related his experience with the suspension treatment in tabes dorsalis and other nervous diseases.

Eight ataxic patients, of whom six were men and two women, were treated by suspension alone. In three of these cases the treatment had to be discontinued, owing to the fact that it produced amaurosis, in two of them after five, and in the other after seven suspensions, none of which exceeded two minutes. Visual power was distinctly impaired after each treatment. In four of the remaining five cases, on the other hand, "marvellous results" were obtained. The number of suspensions varied from twenty to fifty-two. Lightning pains, gastric and vesical crises, motor incoördination, and impotence, all disappeared, and the patients gained in weight from three to eight pounds. The vertebral column was carefully measured during the suspension, and was found to be lengthened from one to one and three-fifths inches. Dr. Bianchetti also tried this treatment in some cases of spastic paralysis, paralysis agitans, impotence caused by masturbation, and incipient progressive paralysis, but without any effect.

DR. MARINA gave the results of his experience in twenty-one cases of tabes, besides a few of paralysis agitans, etc. In one-half of the ataxic cases suspension was followed by marked relief of the symptoms, but in the remainder the pains were made worse. He confirmed Dr. Bianchetti's observation as to the bad effect produced by suspension on the optic nerve. In one of his cases, on the other hand, it seemed to have a good effect on the auditory nerve. Dr. Marina noticed that better effects were produced by suspension in persons of small stature and light weight. It is interesting to note that in one of Dr. Marina's cases, after fifty suspensions, the knee-jerk could, after five or six taps, be induced more violently than in the normal state, although before the treatment it was quite inert. In the non-tabetic cases this method had no effect whatever. It may be added that a case of locomotor ataxia in which death was caused by suspension was not long ago reported in an Italian medical journal.—*British Medical Journal*, October 26, 1889, 938.

EULENBURG and MENDEL (quoted in *Centralbl. f. d. ges. Ther.*, October, 1889, 606) report the results obtained by them with the suspension treatment. Their observations were made upon forty cases, and extended over three months. The total number of suspensions equalled 975, or an average of 24.375 for each person. The suspensions were made, as a rule, only three times a week, though in some suitable cases, who had become accustomed to it, they were made daily, and without any bad results. The duration of the suspension was from one to three minutes. Only exceptionally did it reach four minutes, though in some susceptible cases it lasted but from one-half to three-quarters of a minute. Thirty-four of the patients were cases of tabes. Five of these soon abandoned the treatment, and of the remainder a few were decidedly improved by it, some were benefited only moderately, and eleven showed no improvement at all. The improvement appeared to have only a symptomatic character, and affected very unequally a group of prominent and even cardinal symptoms, whereas certain appearances which might be called pathognomonic (Westphal's symptom, myosis and Argyle-Robertson pupil) were in no case at all influenced by suspension, no matter how persistently employed.

Apart from temporary effects seen after each suspension, and of which no account is taken here, improvement was most frequently observed in the power to sleep and in the general condition. After this Romberg's symptom and the affection of the bladder were oftenest influenced. An improvement in the neuralgic symptoms took place in ten cases, of locomotion in nine cases, of paræsthesia in five cases, and of hyperæsthesia and anæsthesia in three cases.

In several patients in whom it was necessary to omit the treatment for a time, the good results which had been gained were observed to disappear.

The treatment was also tried in one case of disseminated sclerosis, one of chronic myelitis, one of traumatic neurosis, and three of paralysis agitans (one of which did not remain under treatment). In the first there was evident improvement, and in one case of paralysis agitans the result was possibly favorable. In the others no good results were obtained. The authors conclude that the method of treatment by suspension is not altogether valueless, but that at the same time it is not apt to fulfil any extended expectations.

MOUISSET (*Lyon Méd.*, August 11, 1889) says that this treatment should be employed in ataxia in such a way as not to cause fatigue. To accomplish this, the patient should be elevated slowly and steadily. If he is unable to walk, the apparatus should be applied while he is sitting, and he then should be assisted to an erect position before suspension is commenced. The duration of the suspensions should be from thirty to sixty seconds at first, and this may be later increased to five minutes. The heavier the patient the shorter time should the suspension continue. Eight cases of locomotor ataxia were treated after this method. One of these was suspended only three times. In another case, well advanced in the disease, tingling in the lower limbs, giddiness, and disturbance of hearing and sight were experienced during the suspension, but ceased as soon as the patient was let down. In the six remaining cases there was evident improvement in the sensory and motor disturbances.

TREATMENT OF WHOOPING-COUGH WITH RESORCIN.

ANDEER (*Centralbl. f. d. med. Wissensch.*, No. 40, 1889), having already published his favorable experience with resorcin in whooping-cough, adds other instances of the beneficial action of the drug in this disease. A girl of seven years had suffered for eight days from the catarrhal form of whooping-cough, with sleep greatly disturbed by frequent paroxysms. Change of house and of climate had been of no avail. She was then given a two per cent. aqueous solution of resorcin, of which a half-wineglassful was to be partly swallowed, partly used as a gargle, four times daily. On the second day of the treatment the number of the paroxysms diminished greatly, and the nights were scarcely disturbed at all; and in eight or ten days all cough had disappeared. In two other cases, resorcin used in this way stopped the whooping-cough within four days, and in three others within a week. Finally, an infant, about six months old, in whom all the other methods of treatment which had been employed had proved useless, was given a 0.5 per cent. solution of resorcin, together with sugar; the child being made to suck it out of its bottle. Vomiting had been frequent, following every paroxysm of coughing, but ceased after the second administration of the remedy, and the cough, too, disappeared by the fifth day.

NON-TUBERCULAR AND NON-CARDIAC HÆMOPTYSES IN ELDERLY PERSONS.

SIR ANDREW CLARK (*British Medical Journal*, October 26, 1889) says that, at one time believing that every case of pulmonary hemorrhage was due to pulmonary tuberculosis, or malignant growth, or to aneurism or disease of the heart, a case was finally brought to his notice which not only convinced him of the error of this view, but revealed a distinct cause for pulmonary hemorrhage. This patient was a man, of about fifty to sixty years of age, suffering from moderate progressive osteo-arthritis and subacute bronchitis with some emphysema. The heart and bloodvessels appeared sound. Very soon he began to cough up blood in small quantities at short intervals, and, in spite of all treatment, died from hemorrhage within a week. The autopsy revealed isolated patches of emphysema surrounded by hemorrhagic extravasations in the back and lower part of both lungs. Nowhere could there be discovered the slightest evidence of structural change, which would have accounted for the hemorrhage. A microscopical examination showed that the seat of the bleeding was in the immediate neighborhood of the patches of emphysema, and that the minute terminal arteries in these localities were heritance in the production of the disease is an entire mistake; and that the affection is essentially an infectious one. He states his arguments in proof of this; and dwells also on the danger threatening from the frequency of the disease in cattle and the presence of the bacilli in their milk. As the tubercle bacilli in the sputum only become generally disseminated when dried, it is of the utmost importance to guard in every possible way against this drying and distribution. After making numerous suggestions as to the manner in which this disinfection in public and private places is to be carried out, the author sums up the substance of his paper as follows:

1. Tuberculosis is the most important of diseases in relation to political economy, both on account of its high rate of mortality, the great loss entailed by the long duration of the disease, and the great danger to others from infection.

2. The chief sources of the development of tuberculosis are the expectoration of tuberculous patients and the milk of tuberculous animals.

3. The measures to be carried out against it, are: (*a*) compulsory reporting and disinfection in all fatal cases of tuberculosis; (*b*) compulsory reporting of cases of bovine tuberculosis, and veterinary supervision and disinfection of the stables; (*c*) precautionary measures for rendering the sputum harmless in all public—and, as far as possible, private—buildings in which persons mingle with each other; especially schools, business establishments, prisons, hospitals, etc.

In this connection, VILLEMIN's report on behalf of the Committee appointed by the Paris Congress for Tuberculosis is of interest (*Gaz. Hebdom. de Méd.*, 1889, No. 44, 713). The general conclusions were that tuberculosis has the largest death-rate of all diseases, killing one-fourth to one-seventh of the population of large cities. That it is an infectious, parasitic disease, caused by a microbe, but that it is transmissible to healthy individuals only under certain conditions. It may enter the system by the respiratory passages, or the digestive tract, and by the skin and mucous membranes if there be a solution of their continuity. The sputum of consumptive patients is the most frequent source of contagion, but it is almost ineffective while in the liquid state. The contagious principle is also found in the feces.

It is necessary, therefore, to use the greatest precaution in regard to the sputum of consumptives, which should be deposited only in spit-cups, and these should always contain a certain quantity of liquid. All public and private places of meeting should be provided with spittoons. Linen soiled by the dejections of consumptive patients, should not be allowed to dry, and should be boiled before sending it away for washing. Sleeping in the room with a consumptive should be avoided. All rooms in hotels, etc., where such persons may take lodging, should be so arranged that thorough disinfection can be easily practised, and all articles with which the patients have had anything to do should never be used by others until disinfected by steam, under pressure, boiling, sulphur vapor, or coating with lime.

The bacillus may also be found in the flesh, blood, and milk of animals used for food. Particular attention should be given to the milk, since we know least about the source from which we obtain it. A tuberculous mother should not nurse her infant, which should be committed to a healthy wet-nurse living in the country. If cow's milk must be used, it should always be boiled; but asses' and goats' milk unboiled is far less dangerous. The meat from tuberculous animals must be prohibited, and blood should never be drunk at slaughter-houses.

There are certain persons specially predisposed to contracting tuberculosis, and these should take special precautions. These persons are: Those born of tuberculous parents, or belonging to families in which there have been a number of tuberculous patients; those debilitated by excesses or privations; those suffering or recovering from measles, pertussis, variola, and, above all, diabetes.

THE CURABILITY AND TREATMENT OF CIRRHOSIS OF THE LIVER.

HUCHARD (*Rev. Gén. de Clin. et de Thér.*, 1889, No. 40, 649) says that the belief is now general in the curability of many cases of hepatic cirrhosis under the employment of the iodides and a milk diet, but that there is a difference of opinion as to what forms of cirrhosis are curable. Marini has recently maintained that the classic cirrhosis of Laennec, the small, hard, and contracted liver, is not curable, and that only the hypertrophic form is amenable to treatment, and this only when treatment is commenced early. On the other hand, Lancereaux affirms that the ordinary alcoholic cirrhosis, the atrophic form, is almost always improved, if not cured, by the iodides and a milk diet; while the form attended by enlargement of the liver yields less easily to treatment, and that accompanied by icterus is still more obstinate.

The experience of Huchard is that atrophic cirrhosis is curable, especially in the early hypertrophic stage, while the form which is primarily and constantly hypertrophic, whether with or without icterus, is less easily influenced.

The treatment is complicated and ought to be carried out with precision. In the first place, iodide of potash or of soda, in doses of 8 to 15 or 30 grains daily, should be given from the beginning. In cases which extend over a long time, it is better to use the soda salt, as being more assimilable and less dangerous. Calomel may be given in conjunction with the iodides. It is best prescribed about every fifteen days, four powders, each of 3 grains. In this way the calomel acts not only as an alterative, but as a diuretic; and it is very important in this disease that diuretics be given. When thus administered the dangers of stomatitis are not so great.

As regards aspiration of the fluid in the abdomen, the author insists that most physicians do this too late, and that to remove a large quantity is actually to produce a serous hemorrhage, by which the patient may be greatly, or even dangerously enfeebled. Every case of ascites should be aspirated early, and if the effusion be large, not all the fluid should be removed at one time. After the aspiration a purgative should be given and the employment of diuretics insisted on, since they act much more effectively after the ascites has been removed.

To influence the hepatic lesion revulsives are to be employed in the region of the liver—such as cupping, blisters, cauterization, etc. Hydrotherapy in the form of the Scotch douche in the hepatic region can also be used.

Of all treatment the milk diet is the most important. Two and a half or three quarts of unboiled or slightly warmed milk should be taken during the day in divided doses about two hours apart. Fifteen or twenty minutes should be occupied in swallowing in small mouthfuls a cup of milk, in order to prevent the formation of a large curd in the stomach. If it produces constipation small doses of rhubarb, magnesia, or sulphur may be given. If, on the other hand, it causes diarrhœa, or is not well borne by the stomach, one-half tablespoonful of hot water may be added, or one-half tablespoonful of Vichy from one of the cold springs. If this does not correct the difficulty, powders of 3 grains each of pepsin, pancreatin, and bicarbonate of soda may be taken at times after a glass of milk. To make the milk acceptable to the patient in cases where there is a dislike to it, it may be flavored in various way. Under the influence of this combined treatment improvement will, in favorable cases, begin to show itself within twenty or thirty days.

COCAINE IN DIABETES.

THOMAS OLIVER (*Lancet*, October 12, 1889, 735) remarks on the frequent disappearance of glycosuria on the development of some illness attended by febrile exacerbations. Thus toward the termination of diabetes, when phthisis has become well established, we frequently notice that sugar disappears from the urine when the temperature becomes high. A high temperature, then, or rather the condition which causes the temperature to become high, is seen to be followed by a disturbance of the glycogenic function of the liver. From observation of these facts it would seem that the employment of medicines of the pyogenic class might be followed by good results in the treatment of diabetes. The author, therefore, tried cocaine in quarter-grain doses three times a day in a case of this disease, with excellent results. There occurred, namely, a total disappearance of a most obstinate constipation which had refused to yield to the strongest purgatives; disappearance of a gait not unlike that of ataxia; of delusions, and of a sense of muscular fatigue; the return of a feeling of improved health and strength, with a gain in weight; a marked diminution in the amount of urine excreted; a very decided reduction in its specific gravity and a very noticeable fall in the daily elimination of sugar. Cocaine failed, however, to raise the temperature. The administration of the drug was stopped at one time, with an immediate and great increase in the amount of urine and of sugar excreted.

Unfortunately the patient, when everything seemed to be doing well, took cold and developed phthisis, from which he died.

ENEMATA OF CREOLIN IN DYSENTERY.

OSSOWSKY (*Gaz. Hebd. de Méd. et de Chir.*, 1889, No. 40, 649, from *Vratch*, 1889, No. 44) has employed creolin in 16 cases of dysentery in soldiers. The treatment consisted in the injection of a 0.5 per cent. solution, administered two to four times a day through a long rubber tube. In 9 cases the bloody stools ceased by the third day, and in 4 cases by the fifth to the seventh day; and in the 4 (?) last remaining cases the cessation was immediate. The author considers the disinfecting power of creolin considerable, while it is less toxic than carbolic acid or sublimate. Its administration not only removes the blood from the passages, but relieves the other symptoms, including the tenesmus. Then, too, it prevents the catarrh of the large intestine, and may be followed, if desired, by injections of a 0.5 per cent. solution of acetate of lead, or 1 to 2 per cent. solution of tannic acid. Kolokoff has also obtained results by this method of treatment confirmatory of those of Ossowsky. Both observers lay great stress on the proper position of the patient. He should, namely, be standing with the trunk bent forward, and the hands supported on the bed.

SURGERY.

UNDER THE CHARGE OF

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THE LATEST LISTERIAN METHOD IN THE DRESSING OF WOUNDS.

SIR JOSEPH LISTER has lately published a full account of the antiseptic method now employed by him, with his reasons therefor.

In the old Listerian method carbolic acid was the antiseptic employed, but this had the objection of volatility as well as of great slowness of action as a germicide. Corrosive sublimate, which succeeded it, was stable and acted with rapidity, but was exceedingly irritating, and, in addition, was precipitated by the albumen contained in the serum of the blood. This precipitate, it was discovered by Sir Joseph Lister, possessed powerful antiseptic properties with much less power of producing irritation; and he therefore devised a form of antiseptic dressing which he called "the sero-sublimate gauze," which consisted of gauze charged with a solution of corrosive sublimate in the serum of the blood. This, however, was difficult to manufacture and produced a harsh and non-absorbent material which was mechanically objectionable. It was succeeded, in his hands, by the combination of chloride of ammonium and bichloride of mercury, known as sal-alembroth; which, while much less irritating, was so exceedingly soluble in the blood serum that whenever the discharges from wounds were copious, it was washed out of the dressings, leaving them without antiseptic property. For these reasons Lister in time discarded this material and employed for a considerable period a gauze containing three or four per cent., by weight, of the biniodide of mercury. This was less soluble, non-volatile, powerfully antiseptic, but, again, extremely irritating, so that the least contact with the skin produced an intense erythema, even going on to vesication.

Lister was thus led to look further for the ideal antiseptic, and he has now found it, he believes, in a double cyanide of zinc and mercury. In the *British Medical Journal* of November 9, 1889, the various facts are set forth at length by Lister; and his paper, besides being an important scientific contribution, supplies interesting evidence of the remarkable patience, perseverance, and attention to detail which have invariably characterized the work of this